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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input type="checkbox"/> Declaration submitted with Initial Filing <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge 37 CFR 1.16 (e) required)	Attorney Docket Number	PC11724A
	First Named Inventor	Zheng J. Li
	COMPLETE IF KNOWN	
	Application Number	10/152,106
	Filing Date	5/21/2002
	Group Art Unit	1623
Examiner Name		

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Crystal Forms of Azithromycin

(Title of the Invention)

the specification of which
☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 5/21/2002 as United States Application Number or PCT International

Application Number 10/152,106 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
			<input type="checkbox"/>	YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☒ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below:

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B sheet attached hereto.
60/292,565	05/22/2001	
60/297,741	06/12/2001	
60/343,041	12/21/2001	

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DECLARATION ---- Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 U.S.C. 1.56, which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application Number or PCT Parent Number

Parent Filing Date
(MM/DD/YYYY)Parent Patent Number
(if applicable)
☐ Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☒ Customer Number
or

28523


☐ Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to:

☒ Customer Number
or Bar Code Label

28523

OR ☐ Correspondence address below

Name					
Address					
Address					
City	State		Zip Code		
Country	Telephone		Fax		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

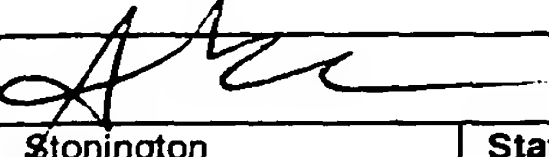
Given Name (first and middle [if any])				Family Name or Surname			
Zheng J.				Li			
Inventor's Signature						Date	12/11/2002
Residence: City	Quaker Hill	State	CT	Country	06375	Citizenship	USA
Post Office Address	3 Rainbow Court						
Post Office Address							
City	Quaker Hill	State	CT	Zip	06375	Country	USA

☒ Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor										
Given Name (first and middle [if any])					Family Name or Surname							
Andrew V.					Trask							
Inventor's Signature							Date		13 Dec 2002			
Residence: City		Stonington		State	CT	Country		USA	Citizenship		USA	
Post Office Address		17 Oak Drive										
Post Office Address												
City		Stonington		State	CT	Zip		06378		Country		USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor										
Given Name (first and middle [if any])					Family Name or Surname							
Inventor's Signature							Date					
Residence: City				State		Country			Citizenship			
Post Office Address												
Post Office Address												
City				State		Zip				Country		
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor										
Given Name (first and middle [if any])					Family Name or Surname							
Inventor's Signature							Date					
Residence: City				State		Country			Citizenship			
Post Office Address												
Post Office Address												
City				State		Zip				Country		
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor										
Given Name (first and middle [if any])					Family Name or Surname							
Inventor's Signature							Date					
Residence: City				State		Country			Citizenship			
Post Office Address												
Post Office Address												
City				State		Zip				Country		